

## Risk Assessment, Evaluation and Planning

### Module II

#### Instructor's Guide

<b>Length of Session:</b>	1 ½ to 2 hours
<b>Intended Audience:</b>	Regional Center service coordinators; Quality Assurance staff; Service Providers
<b>Class Size:</b>	Limited only by room capacity
<b>Training Materials:</b>	Power Point presentation (or transparencies): <i>Risk Assessment, Evaluation and Planning</i>  LCD projector or Overhead projector  Flipchart and markers (as desired)
<b>Methods:</b>	Lecture; instructor guided discussion; interactive group exercise
<b>Handouts:</b>	IPP Resource Manual excerpt CDER Sample Summary Assessment, Evaluation and Planning worksheets (A-B-C) Consumer Profiles A: Annie B: Bob C: Cecilia D: Donald E: Ed F: Felicia Risk Assessment Inventories Osteoporosis Falls Depression Skin Breakdown Substance Abuse Physical & Nutritional Management

**Additional Considerations:** Due to the large number of handouts used in this session, the trainer should count out and sequence them ahead of time to limit interruptions during distribution.

The group exercise using Consumer Profiles can be conducted with the entire group as a whole or with the participants divided into smaller groups. If the number of participants is 12 or fewer, this exercise works very well with participants forming one group.

Allow approximately 20 minutes to complete the exercise.

Any or all of the Consumer Profiles can be used in either format depending upon the size of the group or any preferences articulated in advance by those requesting the training. The instructor should ask about these preferences when preparing the training session.

The handout '**Consumer Profiles: Questions for Group Exercise**' is to be used with each of the profiles. It contains the same questions regarding risk assessment and planning that pertain to all of the situations described in the profiles.

## **Course Outline**

- I. Welcome and Introductions
- II. Risk Assessment, Evaluation and Planning
  - A. Proactive Approach
  - B. Mitigation
  - C. Who Needs Risk Planning?
  - D. Assessment
  - E. Evaluation
  - F. Planning
- III. Implementation of Risk Planning
  - A. Risk and Responsibility
  - B. Documentation
  - C. Communication and Training
  - D. Monitoring and Evaluation
  - E. Outcomes

## **Risk Assessment, Evaluation and Planning**

### **Module II**

#### **Learning Objectives**

At the conclusion of this module, participants will:

1. Know how to complete risk assessments.
2. Know how to evaluate assessment information and identify risks.
3. Be able to utilize a sample of risk assessment tools.
4. Be able to develop individual risk management plans.

## Risk Assessment, Evaluation and Planning

<i>Script for Instructor</i>	<i>Suggestions for Instructor</i>
<p><b>Slide 1: Risk Assessment, Evaluation and Planning</b></p> <p>Welcome to Risk Assessment, Planning and Evaluation. By the end of this session, you will know how to complete risk assessments for individuals, evaluate that information and develop risk plans. We will cover some different methods for documenting risk planning and have an opportunity to practice these skills. Some tools to make risk assessment and planning easier will be introduced.</p>	<p><u><a href="#">Start Power Point (or Overhead) Presentation and have Slide 1 running as you begin.</a></u></p>
<p><b>Slide 2: Proactive Approach</b></p> <p>This approach to risk management is considered proactive because the intention is to address risk issues before they become problematic. For example, diabetes can be life threatening but careful planning and adherence to a health risk plan may help keep the individual healthier and not as likely to go into crisis. A proactive approach means that the team is involved in developing, implementing, and monitoring assessment based plans.</p>	

<b>Script for Instructor</b>	<b>Suggestions for Instructor</b>
<p><b>Slide 3: Mitigation</b></p> <p>Mitigation is an important word in risk management. It simply means reducing the likelihood of occurrence or recurrence of situations or events. Mitigation strategies are essential components of the risk plan. These strategies may not totally prevent an occurrence but proactive interventions may diminish the consequences.</p>	<p><u><a href="#">Using the diabetes example, regular blood sugar checks will mean that appropriate interventions are taken to manage the disease before a person reaches a crisis point.</a></u></p>
<p><b>Slide 4: Who Needs Risk Planning?</b></p> <p>Everyone needs to be assessed for risk. The process of risk assessment, evaluation and planning is intended to be an ongoing, routine part of the work of staff supporting the individual.</p> <p>Some who are in a state of crisis will need immediate risk planning. Those with frequent special incident reports, serious health or behavior challenges may need more extensive assessment and planning.</p>	

<i>Script for Instructor</i>	<i>Suggestions for Instructor</i>
<p><b>Slide 5: Assessment</b></p> <ul style="list-style-type: none"> <li> <b>Begin by reviewing the Individual Program Plan.</b>            Look for wants, needs, and preferences of the individual that may involve risk.             Note any indicators on the IPP that signify a risk may be present. These may include special diet, Behavior Support Plan, desire to move, communication needs, health conditions, diagnoses, history.         </li> <li> <b>Review the Record for the following:</b>            Physical examination, psychological evaluation, social evaluations, therapy evaluations or progress reports, reports from school, work or day program, and, any information to indicate possible risk factors.             Any Special Incident Reports for the past year and note any patterns.             The CDER, noting conditions, status or diagnoses that indicate risk factors.         </li> </ul>	

<b>Script for Instructor</b>	<b>Suggestions for Instructor</b>
<p><b>Slide 5 (continued)</b></p> <ul style="list-style-type: none"> <li> <b>Interview the Consumer</b>  Interview the consumer and any other interested parties such as family, friends, advocates, and staff in home or day programs. </li> <li> <b>Observe</b>  What is the individual's behavior telling you? Do you see things that cause you concern and may indicate that the individual is at risk, such as withdrawal, tactile defensiveness, avoidance of assistance with personal hygiene? </li> <li> <b>Sample Risk Assessment Inventories</b>  Here are some examples of risk assessment inventories. Use of these simple assessments may alert you to a potential risk. </li> <li> <b>Make Referrals as Determined</b>  When a potential risk is identified, the consumer may need further assessment or referral to a specialist, the regional center's clinical team, or to some other resource for evaluation. Falls are a good example. Why do people fall? It may be that a vision screening or environmental modification will be needed </li> </ul>	<p><u><a href="#">Distribute the 6 sample <b>Risk Assessment Inventory Handouts</b> that are included with this training module (e.g. falls, substance abuse, skin breakdown, etc.).</a></u></p> <p><u><a href="#">Review some or all of the <b>Risk Assessment Inventories</b> and discuss how participants could use these to identify risk factors with individuals.</a></u></p>

<b><i>Script for Instructor</i></b>	<b><i>Suggestions for Instructor</i></b>
<p data-bbox="237 248 548 284"><b><i>Slide 5 (continued)</i></b></p> <p data-bbox="237 358 1129 500">to reduce the number and/or the severity of falls. For some people, exploration of changes in mobility status may be critical in learning the reason why they fall.</p> <p data-bbox="237 574 1129 662">The preventative action or mitigation strategy will vary based on your assessment of the reason for the falls.</p>	



Script for Instructor	Suggestions for Instructor
<p><b>Slide 6: Evaluation</b></p> <p>Once you have completed this risk assessment process, it is time to take the information and <i>evaluate</i> it to determine if significant risks are present and, if so, that effective risk mitigation strategies are in place.</p> <p><b>Convene the Team</b></p> <p>Discuss with the consumer and team members what may constitute a risk for the individual. Base decisions on actual as well as perceived risk. For example, living in a high crime neighborhood does not mean that you will become the victim of a crime. If you do not have good personal safety skills, however, you may be at a greater risk than others in the same neighborhood.</p> <p><b>CDER Summary Exercise</b></p> <p>The purpose of this exercise is to enhance your awareness and understanding of <i>significant risk</i>.</p>	<p><u><b>CDER Summary Exercise:</b></u></p> <ol style="list-style-type: none"> <li><u>1. Distribute the <b>CDER Summary</b> handout. Discuss the CDER as a tool that is available, contains a wealth of information, and is already in the person's record.</u></li> <li><u>2. Give the group a few minutes to review the document and then ask participants to identify risks.</u></li> <li><u>3. Responses should note such things as poor self-care skills, incontinence, aggression, running away behavior, and poor communication.</u></li> <li><u>4. Now tell the group that this is a three-year-old child. What seems like a significant risk with this new information?</u></li> <li><u>5. In summary, tell the participants that this exercise has gone from assessment to evaluation.</u></li> </ol>

<b>Script for Instructor</b>	<b>Suggestions for Instructor</b>
<p><b>Slide 7: Planning</b></p> <p>Once you have completed the evaluation, determine if there is a strategy, or multiple strategies, in place to address the individual's most significant risk. If there are no plans, the team needs to determine how these risks will be addressed. There may be multiple interventions for a single risk factor. The consumer must participate in the planning process and agree to the plan.</p>	
<p><b>Slide 8: Risk and Responsibility</b></p> <p>Balancing individual's rights, including the right to make choices, with the potential risks that may be involved in the exercise of these rights, can be a very difficult task.</p> <p><b>Choice:</b> Individual choice should be respected but it may be necessary to probe to determine underlying causes for an individual making choices that are not in his or her best interest.</p> <p><b>Rights:</b> Keep the consumer's rights in mind and remember your responsibilities to consumers. Some things may not be easy</p>	<p><u>1. Encourage participants to describe specific situations where they supported individuals in choices related to high-risk behaviors.</u></p> <p><u>2. If the group needs prompting, ask participants: Have they ever worked with individuals who engaged in high-risk behaviors?</u></p> <p><u>3. Prompt with examples such as: a person who engages in unprotected sex; an individual who has a respiratory condition and smokes; a person who has a gall bladder condition and frequently eats greasy</u></p>

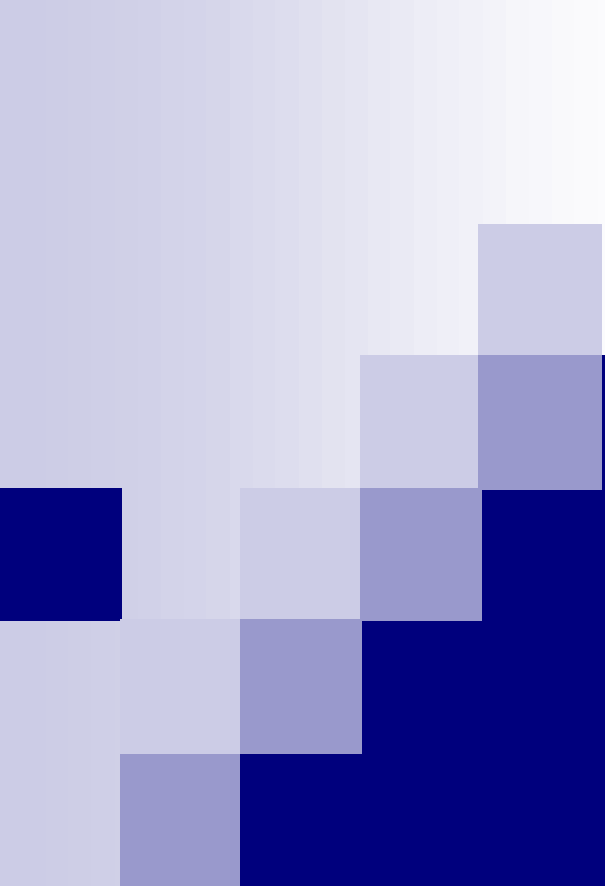
<b>Script for Instructor</b>	<b>Suggestions for Instructor</b>
<p><b>Slide 8 (continued)</b></p> <p>to mediate and may require repeated attempts and different interventions before any success is found.</p>	<p><u><i>fast food, etc.</i></u></p> <p><u><i>4. The conclusion of the discussion: we keep trying to ensure individual health and safety with creativity, sensitivity, and commitment condition and eats a lot of fast food, etc.</i></u></p>
<p><b>Slide 9: Documentation of the Assessment and Planning Process</b></p> <p>If the risk planning process has not been formally incorporated into the person's IPP, there are other ways to ensure that these proactive measures in risk management are captured in a documented manner. The regional center's Risk Assessment, Evaluation, and Planning form(s) should be used to document the risk planning process. If this regional center does not use its own form, the following slides present samples that you may consider using.</p>	

<i>Script for Instructor</i>	<i>Suggestions for Instructor</i>
<p><b>Slide 10: Risk Assessment, Evaluation, and Planning</b></p> <p><b>Worksheet Sample A</b></p> <p>This form provides for documentation of the review of an individual's significant risk factors as well as the interventions needed to mitigate risk.</p>	
<p><b>Slide 11: Risk Assessment, Evaluation, and Planning</b></p> <p><b>Worksheet Sample B</b></p> <p>This sample is similar to Sample A, but the categories are keyed to the sections of the CDER. Your regional center may find other ways to adapt this form to effectively document risk-planning efforts.</p>	

<i>Script for Instructor</i>	<i>Suggestions for Instructor</i>
<p><b>Slide 12: Risk Assessment, Evaluation, and Planning</b></p> <p><b>Worksheet Sample C</b></p> <p>This is an example of a record entry documenting the risk assessment, evaluation, and planning process.</p> <p>Any of these sample worksheets can be used to document a person's risk mitigation plan.</p> <p>Now let's practice the process with an exercise using a selection of different <b>Consumer Profiles</b> and the sample <b>Risk Assessment, Evaluation, and Planning Worksheets</b> we have reviewed.</p>	<p><u><b>Consumer Profile Exercise:</b></u></p> <p><u>The next exercise can be conducted with the group as a whole or with the participants divided into small groups.</u></p> <ol style="list-style-type: none"> <li><u>1. Hand out a <b>Consumer Profile</b> and <b>Questions for Group Exercise</b> to each group.</u></li> <li><u>2. Ask the group(s) to designate a recorder/reporter to summarize their discussions at the end of the exercise.</u></li> <li><u>3. Instruct the participants to review the <b>Consumer Profile</b> and answer the <b>Questions for Group Exercise</b>.</u></li> <li><u>4. To assist in their discussion encourage the group to refer to the <b>Risk Assessment, Evaluation, and Planning Worksheets</b> and <b>Risk Assessment Inventories</b>.</u></li> <li><u>5. If conducting this exercise with one group, record responses on a flip chart, dry erase board, or blank transparency. If arranged in small groups, ask each recorder or reporter to present the group's findings. Clarify responses as needed.</u></li> </ol>

<b>Script for Instructor</b>	<b>Suggestions for Instructor</b>
<p><b>Slide 13: Communication and Training</b></p> <p>Risk planning will only be effective if all people who need to know about the Risk Plan follow it. For instance, if the risk assessment identifies that the individual has difficulty swallowing, the team might decide that mealtime safety requires a staff member close by to respond if the person experiences problems while eating. Anyone who assists with the individual when he eats must know this and be prepared to intervene appropriately. It must be clear what the staff is to do and when. If the person attends a dance on Saturday night and refreshments are to be served, what should the staff do?</p> <p>Use systems already in place to document training or communication of risk planning. Verify that the plan will actually affect the identified risk. Solicit input from team members who may not have participated in developing the plan.</p>	<p><u>Ask participants to suggest how to communicate the Risk Plan among all those involved with individuals, e.g., day program staff, respite providers, family members who take individuals home for visits, etc.</u></p> <p><u>Participants may suggest communication logs that accompany the consumer between home and other service sites, telephone contact systems set up by providers, regional center distribution of IPP sections providing information on precautions, or individualized approaches and interventions.</u></p>
<p><b>Slide 14: Monitoring and Evaluation of the Plan</b></p> <p>Once risk management plans are in place for an individual consumer, they must be tracked for effectiveness. If the plans are identified on the IPP, then they will fit into the tracking processes</p>	

<b><i>Script for Instructor</i></b>	<b><i>Suggestions for Instructor</i></b>
<b><i>Slide 14 (continued)</i></b>  already in place. This would mean review of the Plan at the time of quarterly or annual reviews. If Risk Plans are not part of the IPP process, the team should establish a schedule for review.	
<b><i>Slide 15: Outcome</i></b>  The purpose of risk planning is to be proactive and improve the quality of life for the individual. This desired outcome should guide all efforts in helping consumers reduce and/or eliminate the significant risks in their lives.	



# Risk Assessment, Evaluation and Planning





# Proactive Approach

- Risk Assessment and Evaluation
- Team Planning
- Risk Plans in Place
- Monitoring of Plans



# Mitigation

- Reducing the Likelihood of Occurrence or Recurrence
- Proactive
- Results in Increased Safety



# Who Needs Risk Planning ?

Anyone with an assessed risk, such as:

- Frequent SIRS
- Crises
- Serious Health or Behavior Challenges



# Assessment

- Reviews –IPP – Records
- Interviews
- Observations



# Evaluation

- Who is at Risk?
- Risk vs. Significant Risk
- Team Decisions



# Planning

- Is there a Plan in place?
- Should there be a Plan in place?
- Make needed referrals



# Risk and Responsibility

- Choice

- Rights



# Documentation

- IPP Process

- Informal

- Formal



## Risk Assessment Evaluation & Planning Worksheet (Sample A)

<b>Individuals Name:</b>			<b>Date of Discussion:</b>	<b>Date of Note:</b>
<b>Participants:</b>				
Significant Risk Factors in the Person's Life - List	Are risks present?		Description of the risk, circumstances, frequency	Interventions required to eliminate or minimize risk
	YES	NO		
<b>1. Functional Status</b>				
a. Eating	?	?		
b. Ambulation	?	?		
c. Transfers	?	?		
d. Toileting	?	?		
<b>2. Behavioral</b>				
a. Self-abuse	?	?		
b. Aggression towards others or property	?	?		
c. Use of physical or mechanical restraint	?	?		
d. Emergency drug use	?	?		
e. Psychotropic meds	?	?		
<b>3. Physiological</b>				
a. Gastrointestinal conditions	?	?		
b. Seizures	?	?		
c. Anticonvulsant meds	?	?		
d. Skin breakdown	?	?		
e. Bowel function	?	?		
f. Nutrition	?	?		
g. Treatments	?	?		
<b>4. Safety</b>				
a. Injuries	?	?		
b. Falls	?	?		
c. Community Mobility	?	?		
<b>5. Other</b>	?	?		

**Instructions for completing the risk assessment worksheet:** Under each specific area, list the Significant Risks identified. Indicate “yes” or “no” as to whether a significant risk has been identified in the listed category. Indicate “yes” or “no” as to whether training/service plans are present for the specific risk. If training/service plans have been developed, indicate the training/area. Briefly, indicate a summary of the intervention required to eliminate or minimize the risk.

## Risk Assessment Evaluation & Planning Worksheet (Sample B)

Individuals Name:		Date of Discussion:			Date of Note:	
Participants:	1.	2.	3.	4.	5.	
<b>Significant Risk Factors in the Person's Life - List</b>	<b>Are risks present?</b>		<b>Description of the risk, circumstances, frequency</b>		<b>Interventions required to eliminate or minimize risk</b>	
	YES	NO				
1. Qualifying Developmental Disability						
2. Other Disabilities / Health Conditions						
3. Special Conditions / Behaviors						
4. Skill Development						
5. Other						



## Risk Assessment Evaluation & Planning (Sample C)

**Name:**

**Date:**

**Participants:**

**Tasks Completed for Assessment:**

Documents Reviewed:

People Interviewed:

Assessments Completed or Referral Made:

**Significant Risks Identified:**

**Plan:**

**Location of Plan Information:**

**Other Information:**



# Communication and Training

- Who needs to know
- Location
- Verification



# Monitoring and Evaluation

- IPP Process

- Periodic Revisiting of the Plan



# Outcome

- Improved Quality of Life for the Individual

DEPARTMENT OF DEVELOPMENTAL SERVICES  
CLIENT DEVELOPMENT EVALUATION REPORT  
CLIENT PROFILE  
BASED ON CDER EVALUATION OF: \_\_\_\_\_

RUN DATE: \_\_\_\_\_  
RUN TIME: \_\_\_\_\_

\* \* CONFIDENTIAL CLIENT INFORMATION W & I CODE SEC. 4514 \* \*

NAME: \_\_\_\_\_ UCI: \_\_\_\_\_

COUNSELOR: \_\_\_\_\_  
DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ PROG: \_\_\_\_\_ SECT: \_\_\_\_\_ UNIT: \_\_\_\_\_  
LGL STAT: \_\_\_\_\_ S PARENT OR RELAT RESIDENCE: PARENT / REL  
ETHNICITY: \_\_\_\_\_ LANGUAGE: \_\_\_\_\_  
HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

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-QUALIFYING DEVELOPMENTAL DISABILITIES-

MENTAL RETARDATION: NONE  
CEREBRAL PALSY: NONE  
AUTISM: FULL SYNDROME  
FACTOR: OTHER UNKNOWN AND UNSPECIFIED CAUSE OF MORBIDITY OR MORTALITY  
IMPACT: MODERATE DATE: 1 / 02  
EPILEPSY: NONE  
OTHER TYPE OF DEVELOPMENTAL DISABILITY: NONE  
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-OTHER DISABILITIES / HEALTH CONDITIONS-

CHRONIC MAJOR MEDICAL CONDITIONS  
CONDITION: HEPATITIS B IMMUNE STATUS UNKNOWN  
IMPACT: NONE  
HEARING UNCORRECTED: HEARING WITHIN NORM LIMITS  
VISION UNCORRECTED: VISION WITHIN NORM LIMITS  
MOTOR IMPAIRMENTS –  
HAND USE: NO LIMITATION AMBULATION: WALKS WELL  
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SPECIAL CONDITIONS/BEHAVIORS

-EVALUATION-

AGGRESSION: VERBAL ABUSE, THREATS  
RUNNING AWAY: SERIOUS PROBLEM  
HYPERACTIVITY: NEEDS INDIV. ATTN:  
RESISTIVENESS: OFTEN RESISTIVE  
SFTY AWARE: SUPRVSD AT ALL TIMES  
ASSESSMENT OF BEHAVIORS: (FF=34)  
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SLF INJ: FREQUENCY – AT LEAST 1/WK  
FRUSTRATION: MAY BE AGGRESSIVE  
TANTRUMS: AT LEAST 1 PER WEEK  
ATTN SPAN: FOCUS FOR LESS THAN 1 MIN.

SKILL DEVELOPMENT

EATING: FINGER FEEDS SELF  
BLADDER CONT: INADEQUATE  
HYGIENE: UNABLE TO PERFORM  
DRESSING: COOPERATES IN DRESSING  
WRITING SKILL: DOES NOT COPY OR TRACE  
EXPRESSIVE LANG: SIMPLE WORDS  
TOILETING: NOT TOILET TRAINED  
BOWEL CONT.: INADEQUATE  
BATHING: UNABLE TO BATHE SELF  
READ SKL: DOES NOT READ  
RECEPT. LANG: SIMPLE WORDS ONLY  
CLAR. SPEECH: UNDERSTOOD BY PEERS

DEVELOPMENTAL LEVEL-05%

## Risk Assessment Worksheet: Sample A

Individual's Name:		Date of Discussion:		Date of Note:
<b>Participants:</b>				
Significant Risk Factors (List)	Present		Description of risk, circumstances, frequency	Interventions required to eliminate or minimize risk
	Yes	No		
<b>1. Functional Status</b>				
a. Eating	?	?		
b. Ambulation	?	?		
c. Transfers	?	?		
d. Toileting	?	?		
<b>2. Behavioral</b>				
a. Self-abuse	?	?		
b. Aggression toward others or property	?	?		
c. Use of physical or mechanical restraint	?	?		
d. Emergency drug use	?	?		
e. Psychotropic meds	?	?		
<b>3. Physiological</b>				
a. Gastrointestinal conditions	?	?		
b. Seizures	?	?		
c. Anticonvulsant meds	?	?		
d. Skin breakdown	?	?		
e. Bowel function	?	?		
f. Nutrition	?	?		
g. Treatments	?	?		
<b>4. Safety</b>				
a. Injuries	?	?		
b. Falls	?	?		
c. Community Mobility	?	?		



5. Other	?	?		
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### **Instructions for Completing Risk Assessment Worksheet**

- Under each specific area, list the Significant Risks identified.
- Indicate “yes” or “no” as to whether a significant risk has been identified in the listed category.
- Indicate “yes” or “no” whether training/service plans are present for the specific risk.
- If training/service plans have been developed, indicate the training/area.
- Briefly, indicate a summary of the intervention required to eliminate or minimize the risk.

## Risk Assessment, Evaluation and Planning Worksheet: Sample B

<b>Individual's Name:</b> Stephen Anderson		<b>Date of Discussion:</b> January 22, 2003		<b>Date of Note:</b> January 23, 2003
<b>Participants:</b> Steve Anderson, Brenda Smith (SC), Mary Anderson (Mother), Rhonda Johnson (Provider XYZ), Frances Mathers (Administrator)				
Significant Risk Factors (List)	Present		Description of the risk, circumstances, frequency	Interventions required to eliminate or minimize risk
	Yes	No		
<b>1. Qualifying Developmental Disability</b>				
Seizure Disorder	X <input type="checkbox"/>	<input type="checkbox"/>	Average of six seizures per year for the last four years; takes medication. Four of the last six occurred at night.	Plan developed (see IPP and quarterly notes). Interventions: supervision, medication monitoring, special diet, consumer education, bed rails, Medic-Alert bracelet. IPP modified to include plans.
	<input type="checkbox"/>	<input type="checkbox"/>		
<b>2. Other Disabilities / Health Conditions</b>				
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
<b>3. Special Conditions / Behaviors</b>				
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4. Skill Development</b>				
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
<b>5. Other</b>				
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

## **Instructions for Completing Risk Assessment Worksheet**

- Under each specific area, list the Significant Risks identified.
- Indicate “yes” or “no” as to whether a significant risk has been identified in the listed category.
- Indicate “yes” or “no” whether training/service plans are present for the specific risk.
- If training/service plans have been developed, indicate the training/area.
- Briefly, indicate a summary of the intervention required to eliminate or minimize the risk.

Risk Assessment, Evaluation and Planning Worksheet: Sample C	
<b>Name:</b> Stephan Anderson	<b>Date:</b> January 22, 2003
<b>Participants:</b> Stephan Anderson, Brenda Smith, Service Coordinator; Mary Anderson, Mother; Rhonda Johnson, XYZ Day Services; Frances Mathers, Administrator	
<b>Tasks Completed for Assessment:</b> Documents Reviewed: Complete case record; medication history ; history and physical; CDER (11/27/02); Physical Therapy Evaluation (10/11/02); Clinical Team Report (12/16/02) People Interviewed: All above participants and Dr. Michael Holmes, Neurologist Assessments Completed or Referral Made: Seen by Clinical Team 12/16/02	
<b>Significant Risks Identified:</b> Uncontrolled seizures, defined as averaging six per year for the past four years.	
<b>Plan:</b> 1. Stephen must never be alone in a situation where a seizure could risk his life (bathing); he must be accompanied when traveling; (residence, day program, family). 2. Modify environment for safety: bed rails because 4/6 seizures occurred at night (residence). 3. Quarterly monitoring of blood levels of medications (Dr. Holmes-residence will document). 4. High protein diet as recommended by neurologist (home). 5. Consumer education – to help Stephen make informed decisions about risks (day program).	
<b>Location of Plan Information:</b> IPP of January 21, 2003; monitored quarterly by Service Coordinator	
<b>Other Information:</b> Although Dr. Holmes strongly recommends the use of a helmet, Steve stated on January 21, 2003, that he would "...never get a girlfriend wearing one of those things". XYZ will provide education about safety and helmets and will reevaluate Steve's preferences in April, 2003.  Steve did agree to this education, to bed rails and to receiving the special diet. He takes his medication independently and appears to understand the danger of being hurt if he is alone. He said that he doesn't want to drown in the tub like his friend, and it is okay for staff to be near as long as they don't watch him bathe.	

## **Risk Assessment Inventory: Depression**

The following risk factors may be indicators of existing or developing problems. These should be considered by the service coordinator, service provider, and other Team members when assessing and planning for risk mitigation. Referrals for further evaluation by clinicians or the regional center's Clinical Team may be needed to diagnose a specific condition or otherwise address consumer risk. ***This inventory is not intended to take the place of a professional diagnosis conducted according to accepted standards of clinical practice.***

### **Personal Risk Factors**

<b>v if Present</b>	<b>Risk Factor</b>
	Loss of interest in things you used to enjoy, including sex
	Feeling sad, blue, or "down in the dumps"
	Feeling slowed down or restless and unable to sit down
	Feeling worthless or guilty
	Changes in appetite or weight (loss or gain)
	Thoughts of death or suicide; suicide attempts
	Problems concentrating, thinking, remembering, or making decisions
	Trouble sleeping or sleeping too much
	Loss of energy or feeling tired all of the time
	Headaches
	Other aches and pains
	Sexual problems
	Digestive problems (upset stomach, etc.)
	Feeling pessimistic or hopeless
	Being anxious or worried

**Consumer:** \_\_\_\_\_ **Date** \_\_\_\_\_

## Risk Assessment Inventory: Falls

The following risk factors may be indicators of existing or developing problems. These should be considered by the service coordinator, service provider, and other Team members when assessing and planning for risk mitigation. Referrals for further evaluation by clinicians or the regional center's Clinical Team may be needed to diagnose a specific condition or otherwise address consumer risk.

### Personal Risk Factors

v if Present	Risk Factor
	History of falls
	Previous falls resulting in a fracture or laceration
	Frequent falls (two or more per month)
	Impaired vision
	Muscle or strength weakness
	Gait or balance disorders
	Dizziness or vertigo
	Incontinence or frequent toileting
	Agitation
	Sleep Disturbance
	Medications with known side effects that may affect balance or ability to ambulate
	Orthostatic hypotension (dizziness upon standing)
	Impaired mobility
	<ul style="list-style-type: none"> <li>• Requires assistance with ambulation</li> <li>• Uses mobility equipment (wheelchair, walker, cane)</li> </ul>
	Foot or leg deformity
	Seizures

### Environmental Risk Factors

v if Present	Risk Factor
	Poor lighting
	Wet or slippery floors
	Loose electrical cords
	Inappropriate footwear
	Loose rugs
	Other: specify _____

**Consumer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Risk Assessment Inventory: Osteoporosis

The following risk factors may be indicators of existing or developing problems. These should be considered by the service coordinator, service provider, and other Team members when assessing and planning for risk mitigation. Referrals for further evaluation by clinicians or the regional center's Clinical Team may be needed to diagnose a specific condition or otherwise address consumer risk. ***This inventory is not intended to take the place of a professional diagnosis conducted according to accepted standards of clinical practice.***

### Personal Risk Factors

v if Present	Risk Factor
	Long term use of high dose corticosteroids
	Heavy smoking (or passive smoking)
	Heavy drinking
	Immobility
	Lack of sunshine
	Low calcium intake
	Other diseases
	Family history of osteoporosis or fractures
	Fracture after a minor bump or fall
	Loss of height
	Back pain
	<i>In women:</i> Early menopause (before 45 years old)
	Early hysterectomy (before normal menopause age of 50)
	Irregular or infrequent periods during your lifetime

Consumer: \_\_\_\_\_ Date \_\_\_\_\_

## Risk Assessment Inventory: Physical & Nutritional Management

The following risk factors may be indicators of existing or developing problems. These should be considered by the service coordinator, service provider, and other Team members when assessing and planning for risk mitigation. Referrals for further evaluation by clinicians or the regional center's Clinical Team may be needed to diagnose a specific condition or otherwise address consumer risk. ***This inventory is not intended to take the place of a professional diagnosis conducted according to accepted standards of clinical practice.***

### Physical Management

v if Present	Risk Factor
	Does the consumer have difficulty with gross motor skills such as walking or sitting?
	Does the consumer have:
	<ul style="list-style-type: none"> <li>Contractures (severe joint tightness)?</li> </ul>
	<ul style="list-style-type: none"> <li>Severe scoliosis and/or kyphosis (curvature of the spine)?</li> </ul>
	<ul style="list-style-type: none"> <li>Windswept deformity of the legs (both legs fixed or pointed to one side)?</li> </ul>
	<ul style="list-style-type: none"> <li>Severe muscle tightness (spasticity) or muscle weakness (floppy)?</li> </ul>
	Does the consumer maintain his/her head in a tipped back (hyperextended) position?
	Has the consumer had problems with skin breakdown, redness that does not disappear after 20 minutes, or skin breakdown that doesn't heal?
	Does the individual have poor bladder or bowel control?

### Nutritional Management

v if Present	Risk Factor
	Are there special dietary needs (i.e., caloric, consistency, texture)?
	Has the consumer received modified food textures in the past (i.e., blended, chopped)?
	Does the consumer need assistance to eat?
	Does the consumer cough during meals?
	Does the consumer have a history of choking?
	Does the consumer frequently refuse certain types of foods or liquids?
	Does the consumer eat in other than an upright position?
	Does the consumer exhibit poor head control?
	Does the consumer have a problem with:
	<ul style="list-style-type: none"> <li>poor lip closure and/or tongue thrust</li> </ul>
	<ul style="list-style-type: none"> <li>bite reflex</li> </ul>
	<ul style="list-style-type: none"> <li>gagging during meals and/or tooth brushing</li> </ul>
	<ul style="list-style-type: none"> <li>rumination</li> </ul>
	<ul style="list-style-type: none"> <li>excessive belching</li> </ul>
	<ul style="list-style-type: none"> <li>frequent vomiting</li> </ul>
	<ul style="list-style-type: none"> <li>persistent drooling</li> </ul>
	Has the consumer experienced dehydration in the past 12 months?
	Does the consumer have history of nasogastric (NG) and/or gastrostomy (G) tube use?
	Does the consumer tip his/her head back to swallow?
	Does it take more than 30 minutes for the consumer to eat a meal?
	Does the consumer have to swallow repeatedly to clear the mouth?
	Has the consumer had any episodes of not breathing, turning blue, severe wheezing, or pneumonia during the past year?
	Is the consumer agitated during or after meals?
	Does the consumer have reddened or whitened gums, visible film or plaque on the teeth, or other significant dental problems?
	Does the consumer not tolerate tooth brushing or being touched around the mouth?
	Does the consumer eat rapidly; take large mouthfuls or too large bites?

Consumer: \_\_\_\_\_ Date: \_\_\_\_\_



## **Risk Assessment Inventory: Skin Breakdown**

The following risk factors may be indicators of existing or developing problems. These should be considered by the service coordinator, service provider, and other Team members when assessing and planning for risk mitigation. Referrals for further evaluation by clinicians or the regional center's Clinical Team may be needed to diagnose a specific condition or otherwise address consumer risk. ***This inventory is not intended to take the place of a professional diagnosis conducted according to accepted standards of clinical practice.***

### **Personal Risk Factors**

<b>v if Present</b>	<b>Risk Factor</b>
	Inability to Move
	Bed or Chair Confinement
	A person in a chair who is able to shift his or her own weight
	Loss of Bowel or Bladder Control
	Poor Nutrition
	Lowered Mental Awareness

**Consumer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Risk Assessment Inventory: Substance Abuse

The following risk factors may be indicators of existing or developing problems. These should be considered by the service coordinator, service provider, and other Team members when assessing and planning for risk mitigation. Referrals for further evaluation by clinicians or the regional center's Clinical Team may be needed to diagnose a specific condition or otherwise address consumer risk. ***This inventory is not intended to take the place of a professional diagnosis conducted according to accepted standards of clinical practice.***

v if yes	Risk Factors
<b>Frequent Intoxication</b>	
	Does the consumer report or appear to be frequently high or intoxicated?
	Do the consumer's social activities focus on drinking or other drug use, including obtaining, using and recovering from use?
	Has the consumer ever expressed his/her concerns about needing to cut down on use of drugs or alcohol?
<b>Atypical Social Settings</b>	
	Does the consumer's immediate peer group encourage substance abuse?
	Is the consumer socially isolated from others and is substance abuse occurring alone?
	Is the consumer reluctant to attend social events where chemicals won't be available?
<b>Intentional Heavy Use</b>	
	Does the consumer use alcohol with prescribed medications?
	Does the consumer use more alcohol than is safe in light of prescribed medications or compromised tolerance?
	Does the consumer have an elevated tolerance, evidenced by use of large quantities of alcohol or other drugs without appearing intoxicated?
<b>Symptomatic Drinking</b>	
	Are there predictable patterns of use which are well known to others?
	Is there a reliance on drugs or alcohol to cope with stress?
<b>Psychological Dependence</b>	
	Does the consumer rely on drugs or alcohol as a means of coping with stress or problems?
<b>Health Problems</b>	
	Are there medical conditions which decrease tolerance or increase the risk of substance abuse problems?
	Are there recurring bladder infections, chronic infections, bed sores, seizures, or other medical conditions which are aggravated by repeated alcohol or other drug use?

v if yes	Risk Factors
<b>Job Problems</b>	
	Has the consumer missed work or gone to work late due to use of alcohol or other drugs?
<b>Problems with Significant Others</b>	
	Has a family member or friend expressed concern about the consumer's use of alcohol or drugs?
	Have important relationships been lost or impaired due to substance abuse?
<b>Problems with Law or Authority</b>	
	Has the consumer been in trouble with authorities or arrested for any alcohol or drug related offenses?
	Have there been instances when the consumer could have been arrested but wasn't?

**Consumer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Consumer Profiles: Questions for Group Exercise

The following questions are presented for guidance to the group in its review of consumer risk issues.

1. What risks can you identify from the profile?


2. What, if any, **immediate interventions** are needed to ensure safety?


3. What assessment information is needed for risk planning?


4. What resources can you access to obtain the assessment information you need?


5. What are the appropriate next steps?


## **Consumer Profile A: Annie**

Annie is a 20-year old woman who has mild mental retardation. Annie's Aunt Nancy served as her foster care provider from the time she was 12 years old until her 18<sup>th</sup> birthday. Under the care of her aunt, Annie grew up very isolated with few friends or opportunities to socialize with other children. Annie's aunt was a very private person who preferred time alone. She structured Annie's time and contacts with others accordingly.

When Annie turned 18, her aunt arranged for a residential placement in a licensed community care home. She lives with three housemates. Since coming to the home two years ago, Annie has had difficulties getting along with the other people living there. She argues and starts fights with the other women. She has also become increasingly verbally abusive to staff.

Annie smokes, and consistently breaks house rules about when and where she can smoke. Smoking in her bedroom has created a safety risk for everyone and she has started a fire in the waste can. Annie becomes quite upset when anyone mentions her smoking habits as a problem.

The residential provider is very concerned about being able to meet Annie's needs and is seriously considering termination of her placement. This provider has contacted Annie's service coordinator for help.

## **Consumer Profile B: Bob**

Bob is a 52 year old gentleman with a mild level of mental retardation. He receives independent living services in his efficiency apartment. Bob has lived in a group home, a supported living arrangement, and then on his own since he left a developmental center ten years ago. Bob is passionate about his desire to remain living independently.

Bob's family has long advocated for him to return to the institution because they feared he was not capable of living in the community, much less living in his own place. After Bob had a stroke a few years ago, his family was even more convinced that he should be living back at the center.

Since his stroke, Bob has had trouble negotiating uneven surfaces, navigating around corners, and walking more than a block in his neighborhood. His speech is frequently slurred and drooling has become a difficult problem. Bob becomes frustrated when people can't understand what he is saying and, as a result, has begun to withdraw from others. The drooling has also made him feel very self-conscious and embarrassed.

Bob's family has never stopped trying to convince him that he would be better off living in an institutional setting. Bob is especially worried that they will be even more adamant if they see the progressive problems he is experiencing with his speech and mobility. In fact, he's getting concerned himself that he will not be able to live independently much longer.

## **Consumer Profile C: Cecilia**

Cecilia is a 47 year old woman who has a seizure disorder and severe mental retardation. She lives with Rosa, her elderly mother, who has dedicated her life to caring for her daughter. Rosa has resisted making any concrete plans for Cecilia after her own death.

Cecilia's mother has rarely sought any type of support or assistance. She always tries to do everything herself, stating that she believes no one else can take care of Cecilia as well as she can. Rosa also believes that Cecilia is her responsibility until the day either of them dies.

Cecilia has become so overweight that she uses a wheelchair for mobility. Rosa has injured herself several times lifting Cecilia and helping her with bathing, using the toilet, and many other activities of daily living. Incontinence has also become a problem with Cecilia, as has her recent diagnosis of osteoarthritis.

It has become increasingly difficult to care for Cecilia, yet Rosa has only requested occasional respite services. Rosa herself has had numerous medical problems including severe osteoporosis, diabetes, and rheumatoid arthritis.

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## **Consumer Profile D: Donald**

Donald is an older gentleman, age 62, who has Down Syndrome. He spent most of his younger life in a state developmental center. He first lived in licensed community care homes, and then received supported living services. For the last 15 years he lived with a roommate who passed away a few months ago. That roommate, Philip, was Donald's closest friend and companion. A new roommate moved in three months ago.

Donald is a well-known figure in his small hometown. Donald's service coordinator is beginning to get calls from people who see him often. Donald has limited communication skills but makes his message known to people who know him well. His friends and neighbors are concerned about him and many feel he may need a more protective and supervised living situation.

Donald has evidently fallen and hurt his foot. It has not healed and the wound is filthy and in need of care. Donald's own hygiene also seems to be deteriorating and his whole appearance has become disheveled.



## **Consumer Profile E: Ed**

Ed is a 25 year old man with severe cerebral palsy and a seizure disorder. Ed uses a wheelchair for mobility. He can transfer himself but can not walk independently.

Ed lives in a home with adults who also have physical disabilities. Ed only recently moved to the home after his mother died. Until then, he lived in the same hometown all his life, and had a close-knit group of friends, most of whom do not have disabilities. Ed's current residence is about 30 miles away from his former home.

For the past several summers, Ed and his friends have gone camping at a spot several hours' drive away. Staff are quite concerned that this will be too risky for him. Generally it is hot at these times and Ed's anticonvulsant medicines can sometimes make him very heat sensitive. The staff are also worried about his capacity to move safely to, from, and around the campsite.

Ed is determined to go on this trip. It's a way to feel like he still has some of his old life, but it's also about feeling like he has some control in his new life. He has begun to feel very angry.

Ed is adamant about going on this camping trip and wants his service coordinator to advocate for him in this regard.

## **Consumer Profile F: Felicia**

Felicia is a 58 year old female with moderate mental retardation. She lived in a state ICF/MR for more than 20 years and was placed there by her aging parents. Felicia is currently living in a community care home and has been there approximately six months.

Felicia has developed Type II diabetes shortly after entering the home and is currently 50 pounds overweight. She has problems with poor eating habits. She does not monitor her food intake or the types of food she eats. She has few other activities during her day and equates pleasure with food and mealtimes. Her diabetes is worsening.

Felicia's residential provider is considering the appropriateness of her placement because she will not comply with her diet, and she cannot self medicate or perform her own blood sugar testing.

Felicia has been exhibiting symptoms that her diabetic condition is progressing. She is often fatigued, has dizzy spells and heals slowly when injured.